March XX, XXXX

**\*\* UNIVERSITY LOGO/LETTERHEAD HERE \*\***

**NOTE - To Check Boxes in this form:**

1. Double click the box and **select ‘checked’** in the menu that comes up.
2. Then select the text next to the box you checked and format as **bold** to make it stand out.

Consider limiting ‘written comments’ to ~250 words with mainly essential data about the applicant not found in CV. This letter should only be used by anesthesiologists

**Anesthesiology Standardized Letter of Recommendation**

1. Applicant’s Name:  2. Applicant’s AAMC #:

3. Reference Provided by:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution/Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 4. Has the applicant waived his/her FERPA right to view this letter of recommendation? **YES** | 5. How long have you known the applicant? |
| 6. Nature and amount of contact with the applicant:  Clinical rotation  Minimal contact  Moderate to extensive contact  Specialty/Career Advisor  Research  Program Director (with access to evaluations) | 7. How often do you work with medical students?  Weekly  Monthly  Few times a year |
| 8. If you worked with this applicant in a clinical setting, what grade would you assign?  Honors (above peer level; top 1/3)  High pass (at peer level)  Satisfactory (below peer level; still likely to succeed as resident)  Low pass (substandard performance)  N/A – no clinical contact with applicant | 9. How would you rate the applicant’s ability to interact with patients and health care team members (e.g. appropriate self-confidence, self-awareness, acceptance of feedback)?  Above peer level (top1/3)  At peer level  Below peer level; still likely to succeed as resident  Substandard performance |
| 10. Compared with other residency candidates you have recommended, how would you rank this applicant?  Above peer level (top1/3)  At peer level  Below peer level but still likely to succeed as resident  Substandard performance | 11. Last year, what percentage of applicants that you evaluated were rated in the following categories?  [Columns must add up to 100%]  \_\_\_% Above peer level (top 1/3)  \_\_\_% At peer level  \_\_\_% Below peer level; still likely to succeed as resident  \_\_\_% Substandard performance |
| 12. What is your prediction of success for this applicant in an anesthesiology residency?  Outstanding  Good  Excellent  Poor  Unable to assess | |

**Anesthesiology Standardized Letter of Recommendation**

13. Written Comments:

[Signature Line Here]